	MULTIPLE DEPENDENT CLAIM							SERIAL NO				FILING DA			
	FEE CALCULATION SHEET								APPLICANT(S)						
-7	AS FILED		AFTER 1ST AMENDMENT		AFTER 2HD AMENDMENT		CLAIMS	_	F F				F		
	ND.	DEP	MD	DEP	AMEX	DEP			and .	DEP	MD	DEP	ND.	- 081	
- 1		-		J.		- VEF		51 \		-		1		1	
2								52					1	\vdash	
3								53							
4								54					L		
5								_ 55			4				
6								56	4	<u> </u>					
7		1-1				ļ		57		!	<u> </u>		├	├	
8								58				 	├		
9		1		 		-		59	-,	 /		┼	├	-	
10				 		 	:	60		 		+	 	╁	
11 12				 				62		 ',		+	 	+	
13				 				63		' ,	t —	 	t	_	
14		1						64		1		T	1	1	
15								65	J			T		Т	
16								66		/					
17								67		1					
18								68		/					
19		1						69	\perp			<u> </u>	L	<u> </u>	
20		111						70	L	1		 	ļ	<u> </u>	
21				ļ				71		1	!	 		-	
22		-H		 	L			72		/_		ļ	├		
23		-H				<u> </u>		73				 	├	┼-	
24		-H		+				74				 		+	
25								75 76				+		┼	
26				+	 			77	 			+	├	+	
27 28				+				78				†	 	+	
29			-	 				79				 	 	†	
30				1				80				1	1	1	
31								81							
32								82							
33								83							
34								84						1	
35		\sqcup						85			!		 	├	
36		11-1						86		<u> </u>	!		 	┼	
37		H			<u> </u>			87	├			+			
38		 - 						88	 		 	 	├	┼	
39		 						89				 	 	┼─	
40		₩			ļ			90			 	+	-	+-	
41		∦ -		 	 			91	 -	 		 	t	\vdash	
42		 			 -			93		-		1	1	+-	
43				t				94	l			1	1	١.	
45				†				95			-	1	 	1 -	
46				 				96	·			1			
47				T				97					Θ.	\Box	
48								98							
49								99						1	
50	\Box							100				1	L	-	
TAL IND								TOTAL IND.	4	1	1	1	l		
TAL IND.		<u>.</u>	-					TOTAL	12 -		-			_	
AL.		***		1000	<u> </u>	NE ZWY		DEP. YOYAL CLAMS	1	4124		1	+		